

Progress in Government...An Oxymoron?

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Problem Statement:

The Department of Health and Environmental Control (DHEC) has always been committed to its established values, but recent developments in DHEC Region 8 are demonstrating that its employees are moving even closer to fulfilling one particular value: the use of applied scientific knowledge for decision making. In late 2002, a new public health director assumed the lead in Region 8. With new leadership came a new desire to enhance service delivery and customer service through improving efficiency. Using a brainstorming process, the Region entered into a new management team structure whose members developed a method to better determine performance within programs and, therefore, success in delivering public health services.

The Region developed a system by which dozens of pieces of data were collected on a monthly basis to track certain long-term data elements (called "Monthly Indicators") as well as a system, developed over the following year, of collecting more frequently occurring items on a daily basis (called "Daily Data"). The system has allowed the leadership of the Region to collect common data elements from clinic to clinic, to instill in staff an appreciation for scientific decision making, to observe trends, and to make changes that improve efficiency and ultimately benefit the customer and the taxpayer. This performance management system has served the Region well since early 2004 by allowing the management team to collect data, look for trends, and then make changes based on facts instead of feelings. Time has come however, five years later, to update and improve the system.

The public health system, the financial environment, and the priorities have changed since 2004, dictating a change in Monthly Indicators and Daily Data. Both

systems were developed to address certain problems and challenges that existed in 2004 and some of those concerns are no longer an issue. Additionally, during the development of the performance management system, the Region neglected to devise definitions of each of the data elements in Daily Data. This has caused data to be reported in one way by one staff person (or clinic) and a different way by another staff person. Such changes have presented Region 8 with a dilemma: How can the two systems be updated and modified so that they continue to provide accurate data which can be monitored and evaluated? The system must allow managers to make decisions that result in quality improvement.

Data Collection:

We realized that some data elements were no longer necessary (due to programmatic changes or priority adjustments), that some were being misinterpreted and that some needed to be added, but the challenge was to determine which changes should be made and then to establish a relative consensus across the members of the management team. In order to propose solutions to the system, it was first necessary to get input from each of the Directors of the Region Leadership Team (RLT).

I began by holding a separate meeting with each member of the RLT. At that meeting I discussed with them the pertinent section of the data system and we went through the data elements one at a time. It was important to get the support and buy-in from each Director because, ultimately, the leadership team will have to convey this information to their staff. Without the leadership support, the data collection and management process, which depends on performance from all layers of the department, would be doomed. We discussed the relevance of each data element in relation to our

current environment, the collection mechanism, the source of the data, and the usefulness of the data element in providing us with information from which we can make decisions. An underlying piece of the data system is a document that contains, for each data element, the definition, the data source, and the frequency of the data collection. An important part of this meeting was to ensure that a working definition was agreed upon, particularly related to the Daily Data elements which had existed without any formal definitions.

The process of inputting data into the system is, while logistically complex (given the number of staff who may be responsible for reporting the data), relatively simple to do. Ensuring consistent interpretation of the data elements is often the most troublesome task. While definitions were already in place for each of the existing Monthly Indicators, all definitions were revisited, for without a simple, easily-implemented definition, staff would continue to input data inconsistently. For example, in reporting the number of clients who are served, staff at certain clinics have reported the number of phone calls taken on a particular subject to be client services while other clinics have only counted the number of in-person services delivered. Given the number of phone calls to our clinics, this can substantially alter the apparent activity of one clinic over another. Specificity in the definitions can prevent such occurrences and enhance the utility of the data system and the appropriateness of decisions made from the data.

Data Analysis:

In the meetings with the Directors, it was quite clear that their opinions were that the time had certainly come to make changes to the system. They felt strongly that there would be value in the revisions, not only from a relevancy standpoint but because it

would also refocus front-line staff on the process and importance of the data collection and input step. The conclusions, or you may call them recommendations, as to which indicators needed to be changed and in what way, were taken to our Director of Continuous Quality Improvement and were reviewed with her. This was a crucial step because she is our resident expert as to what our Department expects in regard to its overall Performance Management System. We wanted to ensure that our work was not duplicating the efforts of the Department. The final step was to work through several reviews of the recommendations with the Region Health Director who had designed the original version of the system and who is the primary power user of the system and the reports that it generates.

Prior to this examination, there were a total of 107 data elements in Monthly Indicators and Daily Data. As a result of this project, 24 will be eliminated, six will be modified, one will be placed on hold (will be reviewed at a later date) and four new data elements will be added (see Appendix B: Indicators and Daily Data Revisions).

Data elements were eliminated for a variety of reasons but the vast majority either involved programs that were no longer of sufficient significance or they involved data that were no longer useful to track. For instance, four FSS elements were deleted because FSS now is performed by only three staff (generating little revenue) instead of the 30 or so who used to do FSS. Such a change diminishes the need to track data from the program. Two indicators in WIC (“show rate” and “daily appointments”) were deleted because of the method of service delivery: WIC clients are now almost exclusively seen on a walk-in basis so it’s useless to track the number of appointments or the client show rate. Within the Wastewater Program, we eliminated the indicator of

“days to permit” because we have found that our staff have little control over the amount of time it takes to permit a septic tank; much of the time (days or weeks, usually) is spent waiting for the client to mark the property or return to the office to submit their permit application. Some of the other deletions, such as “medical reserve”, “pandemic flu”, and “HRSA” are programs that no longer have parameters that need to be regularly monitored.

Of the six modifications that we made, there were various reasons as to why the existing data element was insufficient. In the immunizations program, the element of “daily given” was originally meant to track the level of activity in the program but we realized that activity tended to be skewed high because one client may receive several vaccinations in rapid succession during their single visit to the clinic. A better indicator would be “daily visits” because, regardless of the number of vaccines administered to that one patient, the majority of the workload for staff is processing the patient and paperwork. Another important deletion is that of “oldest date of application” with the Wastewater Program. To monitor the backlog of permit applications, we previously tracked the oldest date where somebody had originally picked up a blank application from us. The timeframe was deemed useless because of the variability in time that the client took to return the completed application to our office. Therefore, we decided to adopt the “oldest septic tank activation date” so that, instead, we are tracking the oldest date when the completed application was returned to our office.

Two of the four additions to the system were made because we were not collecting sufficiently detailed data. In WIC, we were tracking the “daily [clients] seen,” however the most time-consuming service provided to the WIC client during their visit is

the “certification” of the client. Additionally, dozens of clients may attend a class at our office which tends to skew high the numbers that are seen. Therefore, we kept the “daily seen” indicator but added “daily certifications” and “daily other clients seen.” The other two additions are in Personnel: “filled FTE positions” and “other staff.” We can generate reports of staffing counts on demand, but in these difficult and ever-changing budget times we determined it would be useful to integrate that data element into our regularly reported information.

Implementation:

Like many projects, the process of implementing the changes is not nearly as challenging as the process of determining which changes should be made and then getting buy-in that those changes should be made. In this case, the vast majority of the time spent in the modification of the data collection system was in discussions with coworkers and other staff to arrive as an end result that would work for everyone. This process took numerous meetings over approximately 2 ½ months. After the new set of data elements were agreed upon, the next step was for each of the directors to develop definitions (accompanied by defining the data source) that were sufficiently detailed to the point where a relatively new staff person would be able to collect the data with minimal assistance. The directors were asked to make these changes within two weeks. I made the physical changes (in a Lotus Approach database) to Monthly Indicators, Daily Data as well as the companion database that contains the definitions within several hours of work. There was no actual cost other than several hours of work by each of the directors to attend meetings, talk with their staff about the changes and then formulate the definitions.

Change is always difficult and that was likely the biggest obstacle in the completion of this project. It was not so much of a resistance to change, but more of an apprehension to change something that, generally speaking, works. That fear is understandable, particularly since this system, and the processes that surround it, has been utilized for the better part of five years. That obstacle was only overcome by lots of discussion, reiteration of the goals of the process, and a strong desire by the RLT to make improvements to the process. Similarly the only resources required to complete the task, although significant, were staff time and effort.

Communication of the changes to all who are impacted is vitally important. We must ensure that we communicate the goals of the revision process, enumerate the changes and the importance of those changes, all in an effort to gain support and compliance among staff. Front-line implementation will be crucial. In order to ensure that the process is adhered to, and that it is applied consistently over time, the next step will be to develop a new data collection tally sheet for front line staff. A data collection sheet is currently in use, based on the previous set of indicators because some of the data elements must be tallied by hand. Each tally sheet is then handed to one data input person at each clinic; without clear procedures for data collection, consistency and accuracy in the data will not be achieved. On February 15th, the new tally sheet will be shared with supervisory staff along with new instructions and definitions. Supervisory staff will be given one week to share the changes with staff at their clinic.

Evaluation Method:

Evaluation of the changes will be essential in order to determine if they have been beneficial. The most obvious indication of a problem will likely be confusion among

front line staff as to how to collect the data. Starting on February 22, 2010 we will conduct a test at one clinic. During the test we will continue the existing system (in case a problem does exist) but we will also ask staff at that site to collect data using the new data collection tally sheet. Because much of the data is collected daily, such problems will likely be obvious very quickly. We will collect any comments or questions from staff, make any changes and then deploy the final version of the system on March 1, 2010. Each day, the system automatically generates a report of clinic fidelity as well as a report of the service indicators from the day before. Those reports will be tracked daily to determine if problems exist with compliance or with confusion from the staff. Individual problems will be addressed with individual staff and systemic problems will be addressed with all staff via email or in-person, if necessary.

Summary and Recommendations:

A robust, yet simple to use, data management system is a necessity if DHEC Region 8 is going to be able to continue to provide the highest quality customer service. The Region must move forward and the only way that the Region can make progress is if we know where we are (from a performance standpoint) and can then monitor trends so that our leadership can adapt on the fly and make changes that result in quality improvement.

While these changes to the system were necessary, we strive for a consistent set of indicators that can be monitored over long periods of time and for consistency in the way that indicators are collected and entered into the system. Our Region leadership needs to continue to remind ourselves to look at the big picture and not get mired down in the minutia. Similarly, the other DHEC Regions in the state may also benefit from

examining their data collection system or adopting a similar type of system that would complement the Department's performance management system. We, as a team, need to put more emphasis on using the data to identify challenges and problems and then question our current methods in order to put new ideas and concepts into action. The new data management system puts us in an even better position to do that.

These are very difficult financial times for everyone, including state government. The Region 8 leadership team is confident that, by updating and monitoring our performance management system, we can continue to institute changes that result in improvements in government service and in the enhancement of services provided to the taxpayer...that's progress in government.

Appendix A: Abbreviations

| | |
|------|--|
| CQI | Continuous Quality Improvement |
| DHEC | Department of Health and Environmental Control |
| DOT | Directly Observed Therapy |
| FP | Family Planning |
| FSS | Family Support Services |
| FTE | Full-Time Equivalent |
| HRSA | Health Resources and Services Administration |
| IT | Information Technology |
| NBHV | New Born Home Visits |
| RLT | Region Leadership Team |
| ST | Septic Tank |
| STD | Sexually Transmitted Disease |
| TB | Tuberculosis |
| TST | Tuberculin Skin Test |
| WIC | Women Infant and Children's Program |

Appendix B: Indicators and Daily Data Revisions

| Program | Indicator | To be retained? | Revised indicator |
|------------|-------------------------------|-----------------|--|
| NBHV | Referrals | Yes | |
| | Completed | Yes | Visits completed |
| | 72 hours completed | Yes | |
| | Daily referrals | Yes | |
| | Daily visits made | Yes | |
| FSS | Referrals | No | |
| | Referrals seen | No | |
| | Daily referrals | No | |
| | Daily referrals made | No | |
| BabyNet | | ON HOLD | |
| WIC | Caseload | Yes | |
| | Show rate | No | |
| | Breastfeeding rate | No | |
| | Daily appointments | No | |
| | Daily seen | Yes | |
| | Daily certifications | NEW | |
| | Daily other clients seen | NEW | |
| Finance | Total billing | Yes | |
| | Cash balance | Yes | |
| | Daily billing | Yes | |
| Personnel | New hires | Yes | |
| | Terminations | Yes | |
| | Exit interviews complete | No | |
| | Filled FTE positions | NEW | |
| | Other staff | NEW | |
| IT | Requests | Yes | |
| | Requests processed | Yes | |
| | Outstanding requests | Yes | |
| | Average days complete | Yes | |
| Wastewater | Septic tank applications | Yes | |
| | Septic tank permits | Yes | |
| | Days to 1 st visit | Yes | |
| | Days to permit | No | |
| | Daily septic tank apps | Yes | |
| | Daily sites ready for insp. | Yes | |
| | Oldest date of application | Yes | Oldest ST activation date |
| | | | |
| Food | Facility inspections | Yes | |
| | Other food | Yes | Special and Temporary Food Inspections |
| | Total food activities | Yes | Total food inspections |

| | | | |
|--------------------|---------------------------|-----|--------------|
| | Added facilities | Yes | |
| | Closed facilities | No | |
| | Permitted food facilities | Yes | |
| | Daily restaurant insp. | Yes | |
| Rabies | Animal bites | Yes | |
| | Bite investigations | Yes | |
| | Heads submitted | Yes | |
| | Total bite activities | Yes | |
| | Daily animal bites | Yes | |
| Family planning | Appointed | Yes | |
| | Seen | Yes | |
| | Walk-ins | Yes | |
| | Total | Yes | |
| | Unfilled slots | Yes | |
| | Daily Appointed | Yes | |
| | Daily Seen | Yes | |
| STD | Appointed | Yes | |
| | Seen | Yes | |
| | Walk-ins | Yes | |
| | Total | Yes | |
| | HIV tests | Yes | |
| | Daily Appointed | Yes | |
| | Daily seen | Yes | Daily visits |
| Immunizations | Appointed | Yes | |
| | Seen | Yes | |
| | Walk-ins | Yes | |
| | Total | Yes | |
| | Daily given | Yes | Daily visits |
| TB Control | New TB cases | Yes | |
| | Total TB Caseload | Yes | |
| | #DOT | Yes | |
| | # Preventive therapy | Yes | |
| | Daily patients seen | Yes | |
| Vital Records | Clients | Yes | |
| Home Health | Caseload | Yes | |
| | % caseload medicare | No | |
| | Cash balance | Yes | |
| | Daily caseload | Yes | |
| Epi Investigations | # of investigations | Yes | |
| Medical Reserve | Volunteers recruited | No | |
| | Cumulative total | No | |
| Pandemic flu | Presentation contacts | No | |
| | Info contacts | No | |
| | Cumulative contacts | No | |
| HRSA | # of attendees | No | |

| | | | |
|-----------------------|---------------------------|-----|--|
| CQI Audits | Audits years to date | Yes | |
| | External audits conducted | Yes | |
| | Recommendations closed | Yes | |
| | Open recommendations | Yes | |
| CQI Issues | DELETE ALL 7 INDICATORS | No | |
| Workforce Development | Learning lab training | Yes | |
| | External training | Yes | |
| | Total training events | Yes | |
| | # attending lab | Yes | |
| | # attending non-lab | Yes | |
| | Total staff trained | Yes | |
| | Total # of staff | No | |
| | Percent of staff trained | No | |
| | Trained target | No | |
| | Required training | No | |
| | Supervisor training | No | |
| Community Health | DELETE ALL INDICATORS | No | |

Appendix C: Definitions of Indicators and Daily Data

| FUNCTIONAL AREA | INDICATOR | INDICATOR DEFINITION |
|------------------------|-----------------------------------|--|
| Clinical Services | Family Planning - Appointed | Number of patients appointed for comprehensive Family Planning Services (new or annual), either by traditional or open access appointments. |
| Clinical Services | Family Planning - Seen | Number of patients keeping appointments for comprehensive Family Planning Services (new or annual), either traditional or open access appointments |
| Clinical Services | Family Planning - Walk-Ins | Number of patients seen on a walk-in basis for comprehensive Family Planning Services |
| Clinical Services | STD - Appointed | Number of patients appointed for STD Services, either by traditional or open access appointments. |
| Clinical Services | STD - Seen | Number of patients seen for STD Services, either by traditional or open access appointments. |
| Clinical Services | STD - Walk-Ins | Number of patients seen on a walk-in basis for STD Services |
| Clinical Services | Immunizations - Appointed | Number of patients appointed for Immunizations, either by traditional or open access appointments. |
| Clinical Services | Immunizations - Seen | Number of patients seen for Immunizations, either by traditional or open access appointments. |
| Clinical Services | Immunizations - Walk-Ins | Number of patients seen on a walk-in basis for Immunizations |
| Clinical Services | TB Control - New TB Cases | Number of new cases or suspects identified during the month |
| Clinical Services | TB Control - Total TB Cases | All cases and suspects currently being followed |
| Clinical Services | TB Control - # DOT | Number of TB cases/suspects and preventive therapy patients on directly observed therapy (DOT), either daily or intermittent |
| Clinical Services | TB Control - # Preventive Therapy | Number of patients receiving Preventive Therapy, including DOT and those with Latent TB infection (LTBI) or contacts to TB cases |
| Clinical Services | FP Patients Target | FP Goal, number of comprehensive patients to be seen monthly. |
| Clinical Services | Unfilled Slots | Number of unused appointment slots for comprehensive family planning. |
| Clinical Services | Pregnancy Tests | Number of pregnancy tests done in any type clinic. |
| Clinical Services | HIV tests | Number of tests done in any type clinic. |
| Clinical Services | Family Planning - Total Seen | Number of patients seen for comprehensive Family Planning Services (new or annual), via appointment or walk-in. |
| Clinical Services | STD - Total Seen | Total number of patients seen for STD Services, either by appointment or walk-in. |
| Clinical Services | Immunizations - Total Seen | Total number of patients seen for Immunizations, either by appointment or walk-in. |
| Clinical Services | Family Planning - Daily Appointed | Number of patients appointed daily for comprehensive Family Planning Services (new or annual), either by traditional or open access appointments. |

| | | |
|-------------------------|--|---|
| Clinical Services | Family Planning - Daily Visits | Number of patients seen daily for comprehensive Family Planning Services (new or annual), either traditional or open access appointments. |
| Clinical Services | STD - Daily Appointed | Number of patients appointed daily for STD Services, either by traditional or open access appointments. |
| Clinical Services | STD - Daily Visits | Number of patient visits for STD Services, either by appointment or walk-in. |
| Clinical Services | Immunizations - Daily visits | Number of patients seen daily for Immunization services |
| Clinical Services | Vital Records - Daily visits | The number of individuals for whom services are provided |
| Clinical Services - HHS | Home Health - Caseload | Active certified caseload at end of month |
| Clinical Services - HHS | Home Health - Cash balance | The cash balance reflected in the Budget Master for Home Health as of the first of the month |
| Clinical Services - HHS | Home Health - Daily Caseload | Active certified caseload each day. |
| CQI | Audits summary - audits year to date | The total number of external audits conducted this calendar year, to date. |
| CQI | Audit Summary - External Audits Conducted | Official review of a program/area conducted by source outside of the Region. |
| CQI | Audit Summary - Recommendations Closed | Audit report action plans developed from findings of external audits that have been submitted and approved by reviewing entity (external source). |
| CQI | Audit Summary - External Audits Still Open | Audit report findings of external audits that have unresolved action plan or response NOT approved by reviewing entity (external source). |
| Environmental Health | Wastewater - Septic Tank Applications | Number of septic tank construction permit applications received during a month |
| Environmental Health | Wastewater - Septic Tank Permits | Number of septic tank construction permits issued during the month |
| Environmental Health | Food Program - Facility Inspections | Number of inspections with permitted food establishments performed during the month |
| Environmental Health | Food Program - Special Inspections | Number of inspections performed related to Special Events and/or Temporary Events during the month. This includes summer feeding operations. |
| Environmental Health | Food Program - Food Facilities | The total number of food facilities that are permitted in the Region at the time submitted |
| Environmental Health | Rabies - Animal Bites | Number of animal bites investigated during the month |
| Environmental Health | Rabies - Bite Investigations | Number of followup visits performed after the initial investigation with an animal bite during the month |
| Environmental Health | Rabies - Heads Submitted | Number of animal heads submitted to the State Lab. for testing of rabies during the month |
| Environmental Health | Food Program - Added Facilities | The number of permitted food establishments added to the inventory during the month |
| Environmental Health | Wastewater - Median Days to First Visit | The median time between the septic tank application submission and the first visit by EH staff. |

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|----------------------------|--|---|
| Environmental Health | Food Program - Total food inspections | The total of all food program facility inspections and special and temporary food inspections for the month. |
| Environmental Health | Food Program - Daily Restaurant Inspections | Number of inspections at permitted food establishments performed during the month |
| Environmental Health | Rabies - Total bite activities | The total of all animal bites and animal bite investigations for the month |
| Environmental Health | Rabies - Daily animal bites | Number of animal bites investigated daily. |
| Environmental Health | Wastewater - Daily septic tank applications | Number of the septic tank construction permit applications received each day. |
| Environmental Health | Wastewater - Sites ready for inspection | Daily count of sites ready for inspection |
| Environmental Health | Wastewater - Oldest date of application | The date of the oldest application which has yet to be completed. |
| Integrated Services | NBHV - # Referrals | # of NBHV referrals received monthly (mail, faxed, and p/u from hospital) |
| Integrated Services | NBHV - Visits Completed | Number of referrals completed during the month. Includes both initial and follow-up visits. |
| Integrated Services | NBHV - 72 Hours Completed | # of NBHV completed within 72 hours of discharge from the hospital. |
| Integrated Services | Babynet - Referrals | all referrals received on children ages 0-3 for Babynet eligibility |
| Integrated Services | Babynet - Caseload | # of Babynet cases for DHEC BabyNet, DDSN and SC School for Deaf and Blind with active IFSP or in the intake/eligibility phase |
| Integrated Services | Babynet - IFSP Beyond 45 Days | # of BabyNet eligible cases with no IFSP within 45 days of referral |
| Integrated Services | Babynet - Transition Referrals Overdue | The number of children beyond age 3 with no transition referral. |
| Integrated Services | Babynet - Transition Conferences Overdue | Number of children beyond age 3 with no transition conference. |
| Integrated Services | NBHV - Daily referrals | Number of NBHV referrals received daily (mail, fax, or picked up at hospital) |
| Integrated Services | NBHV - Daily visits made | Number of NBHV completed daily. Includes both initial and follow-up visits. |
| Public Health Preparedness | Training Data - Learning lab trainings | The number of trainings held in the Region 8 Learning Lab. Training requires learning objectives and will not include meetings. |
| Public Health Preparedness | EPI Investigations | The number of disease reports that required follow-up action. |
| Public Health Preparedness | Training Data - External trainings | The number of trainings outside the Region 8 Learning Lab. They may be sponsored by DHEC or other agency. |
| Public Health Preparedness | Training Data - Staff attending Lab trainings | The number of employees attending trainings in the Region 8 Learning Lab. |
| Public Health Preparedness | Training Data - Staff attending external trainings | The number of staff attending training outside the Region 8 Learning Lab. |
| Public Health Preparedness | Total Staff Trained | The total number of employees attending training |
| Public Health Preparedness | # of attendees | Number of attendees at the monthly HRSA Hospital Mass Casualty Planning Group meetings. |
| Public Health Preparedness | Total training events | The total number of different/unduplicated trainings employees attended. |
| Region Administration | Region Billing - Total Billing | Total amount billed by the Region during the previous month. |

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|-----------------------|--|--|
| Region Administration | Region Billing - Cash Balance | Cash balance of the Region on the first business day of the reported month. |
| Region Administration | Personnel - New Hires | Number of new FTE employees hired during the previous month. |
| Region Administration | Personnel - Terminations | Number of FTE employees that have left the District during the previous month. |
| Region Administration | IT Data - IT Requests | Number of trouble calls placed by users to the Region help desk via GW to LCHELP |
| Region Administration | IT Data - Processed IT Requests | The number of reported trouble calls that have been satisfactorily completed by the IRC's during the previous month. |
| Region Administration | IT Data - Outstanding IT Requests | The number of unresolved trouble calls reported to LCHELP. The number of open records in the IRC tracking database on the 1st of each month. |
| Region Administration | IT Data - Average Days to Complete IT Requests | Average number of days to satisfactorily complete an IT request. |
| Region Administration | Personnel - Filled FTE positions | Number of FTEs that are filled. |
| Region Administration | Personnel - Other staff | The number of staff who are not in FTE slots, to include hourly and per-visit staff. |
| Region Administration | Region billing - Daily billing | The amount of billing processed from the previous workday. |
| WIC | WIC Caseload | The number of vouchers issues per month as reported by WIC Central Office. |
| WIC | Certifications | Number of certifications completed daily. |
| WIC | Other clients seen | Number of WIC participants seen and reported daily for voucher pickup, transfer, RD appointment, classes, etc. This does NOT include certifications. |
| WIC | Clients seen | Total number reported by daily certifications and daily "other clients seen." |